TION is very important. See instructions on back of certificate.

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05194
1. PLACE OF DEATH	(92-0)
County Luceuc Clime	Registration Dist. No. 252
Village or City Centreville	NDSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
W. W. C. t.	os. How long in 0.5.11 of foreign pittir:
2. FULL NAME Made / Mario Cult	
(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Unite Unite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Veer)
5a. If married, widowad or diverced HUSBAND of Susaw K. Quilbory	22. I HEREBY CERTIFY. That I attanded dacassad from
6. DATE OF BIRTH (month, day, and year) May 11- 1855	I last saw h. had eliva on 193 daeth is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	to hava occurrad on tha date stated above, at 1 90 Pm.
79 77 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence
9 Trade profession or particular	wate as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaased last worked at this occupation (month and	direm of the heart
work was done, as SILK MILL, Farmer SAW MILL, BANK, etc.	
10. Data dacaased last worked at this occupation (month and year) year)	
Carolina Ca	Other Coutributory Causes of importance:
IZ. BIRTHPLACE (city or town) (State or country)	Return & Chron
13. NAME Joseph Cluthory 14. BIRTHPLACE (city or town). Caraluse Co	Name of operation Date of
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Rancy Coaper	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Raucy Coaper 16. BIRTHPLACE (city or town) Suryusa (State or country)	Accidant, suicide, or homicide? Data of injury, 19
E (Stata of country)	Whera did injury occur?
17. INFORMANT Cloud Cuttory (Address) Cuttooille Told	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CONSTATION OR REMOVAL	Manner of injury
Place Letter Reverse Date Date 19	Natura of injury
19. UNDERTAKER Parton Paras	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centreoice Mil	If so, specify
20. FILED May 31, 1934 Manie & Bought	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5195
1. PLACE OF DEATH	
County Q Q CO	Registration Dist. No. 25'0
Village or City / The Barday	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Lower (Doubs) Be	λΔ4/
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Way (Manth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1984, to My 27 1984
6. DATE OF BIRTH (month, day, and year) Tug 27 1934	1 last saw has alive on 190 (7), 10 19 2 (7), 1934; death is said
7. AGE Years Months Days If LESS than Days Or. — min.	to have occurred on the data stated above, a
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this county).	Princaline Brill (Tran)
SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Other Contributory Causes of importanca;
12. BIRTHPLACE (city or town) Baseley (State or country)	
13. NAME Frank Boules	
14. BIRTHPLACE (city or town) Scotles rule	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Berry 16. BIRTHPLACE (city or town) J Courtful Co	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
17. INFORMANT Oddy Willems (Address) Boucley Mcf	Whera did injury occur?
18. BURIAL, CREMATION, OR REMOVAL mod that 28, 19.34	Manner of injury
19. UNDERTAKER Frank Banks (Address) Barclay ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 28, 1934 Martha a Phellips	(Signed) Hufbecall M.D. (Address) Fuglivill Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WINE AC	br		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEA	TH			CERTIFICATE OF DEATH	0100
County Luc	ju,	un	L.	Registration Dist. No. 25	2
Village or City	entr	nell		No. St.,	
Length of residence in c	or town where	death occurred	yrsmos	sds. How long in U.S.If oI foreign birth?yrsI	mosds
2. FULL NAME	Million	126	uns,		
(a) Residence: No.:		(Usual place	of abode)	St., Ward. If nonresident give city or town an	nd State
PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	OR OR RACE	5. SINGLE, MAR OR DAVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	, 193
5a. If married, widowed, or dive	orced	1	7-00	(Month) (Dey)	(Yaar)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended	d deceesed from
			21/	, 19, to	
6. DATE OF BIRTH (month, de 7. AGE Years	y, and yeer)	Days	- 3 4	I lest sew h alive on, 19	; death is sale
		Days	I day,hrs.	to have occurred on the dete steted abova, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence ware as follows:	Date of onset
8. Treda, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.				7770	
9 Industry or business in	n which			and from in fair	
work was done, as SAW MILL, BANK,	SILK MILL, etc			T Innus	
10. Date deceased last wo this occupation (mo yaer)	rked et nth and	11. Total to spar	ma (years) nt in this spetion		
12. BIRTHPLACE (city or town) (Stete or country)	Cent	renl	le	Other Contributory Causes of importance:	
当 13. NAME /	allon	136	und.		
14. BIRTHPLACE (city or to	n cccuw	nu Pau		Nema ol operation Dete of	
	3000	1.10		What test confirmed diagnosis? Was there an	
E	aria (u / ca	monno	23. If death was due to external causes (VIOLENCE) fill in also the followin	
O 16. BIRTHPLACE (city or to		us laur	<i>f</i>	Accident, suicide, or homicida? Dete of injury Where did Injury occur?	, 19
17. INFORMANT Walton Blyns (Address) Cultren				(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place At Manue Date 5/12, 1939			The state of the s	Menner of injury	
			12 ,1934	Neture of Injury	
19. UNDERTAKER Walton, Blant (Father)				24. Was disease or injury in any way related to occupation of deceased?	
20. FILED // / 15,	1934 ///	amie &	Bright.	(Signed) (Signed) (Address) Mullimanum	М. С
1	If more			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 5 1934			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05197
1. PLACE OF DEATH	92-0
County July June	Registration Dist. No. 254
Village or City M. Juleus Janua	No. St Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) s. 2 ds. How long in U.S. if of foreign birth?
2. FULL NAME Storgy Bra	wer
(a) Residence: No. Mr. Sucception (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March, 7-1926	
7. AGE Years Months Days If LESS than	Io have occurred on the date stated above, at \$10.00 m.
2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8 Trade profession or particular	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Milal Myrag Lalen 1933
1D. Date deceased last worked at this occupation (month and year)	<i>V</i>
12. BIRTHPLACE (city or town) (State or country) When the same of the same o	Other Coutributory Causes of importance:
13. NAME () 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME NAME Of Vluson 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT PANELS Branch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, DR REMOVAL	Manner of injury
Place amichael Mode May 31, 1934	Nalure of injury
19. UNDERTAKER D.K. I Ellows (Address) Still Pond - ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mary 29, 1934 - Kelen M. alduda Focal Registrar	(Signed) Assure (fue M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, term Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
county Juleu Cliences	Registration Dist. No. 3-54
Village Dr City No Queenstano	NDSt.,Ward
(8)	death occurred in a hospital or institution, give its NAME instead of street and number)
Langen of residence in cuty of town where death occurred	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Asiphile Cale	lace
(a) Residence: No. M. Luceustown	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR DR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5/ 193 24
Selle Black Thaired	(Month) (Day) (Yaar)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of John Coleman	Jan 1954, to may , 1934
6. DATE OF BIRTH (month, day, and yeer) May 1-1866	I last saw he alive on may 1 / 1934, daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at A.m.
68 X V20 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importance ware as follows:
8 Trade profession or particular	Cauces of chimael Data of onest
8. Trada, profassion, or particular kind of work done, as SPINNER. Hausework SAWYER, BDOKKEEPER, etc.	metalases
9. Industry or business in which work was done, as SILK MILL.	_
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacasad last worked at this occupation (month end this occup	
this occupation (month end spent in this occupation seems occupation occupati	
Que Tan	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	avance reproces-
	Cache year man
14. BIRTHPLACE (city or town) 9 0 0 7 1	
4. BIRTHPLACE (city or town) 20. Co ? Md.	Neme of operation Date of
	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Heursetta Suegle	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) (Steta or country) 2. 0. co - M	Accidant, suicida, or homicide? Date of injury, 19
Steria of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jake Caleguan	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMOVION, DR REMOVAL	Manner of injury
Pleca Dryantaine Data May 73, 1934	Neture of injury.
(But Beal	L-,
19. UNDERTAKER V ALLE OF THE CONTROL	24. Was disease or injury in any way related to occupation of daceasad? If so, specify
no of 11 ma not 1.	(Signed) Chas Chay Ed M. D.
20. FILED May 13, 1934 - Viller 1. Claridae.	(Addrass) Centrevalle
Registra.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

. 8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		T. V.	Example II	
The principal cause of death and rela of importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	٠.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	15	July 5,1927	Peritonitis	3 days ago
	- 1			
Other contributory causes of importan	nce.		Other contributory causes of importance:	
Gallstones	1	May 1,1923	Gastroenteritis	1 year

3	
P. Contraction of the contractio	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05199
1. PLACE OF DEATH	93-0
County 9 Q Co	Registration Dist. No. 250
Village or City Ur Boulay hey	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital of institution, give its IVANVE instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary & Crustield	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give dity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH May (Month) (Day) (Yehr)
HUSBAND OF RIGHT Crus field	22. I HEREBY CERTIFY. That I attended deceased from ,1933, to Mey 10, 1932,
6. DATE OF BIRTH (month, day, and year) July 2 1862 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10.2.2.5.4. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, Pulled White Vell SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked et this occupation (month and year) occupation.	Glasse Course British
12. BIRTHPLACE (city or town) Key necly rily ref (State or country) Ind T	Other Contributory Causes of importance: Clause. Uny recentled
E IS. WAME CHUNG Propulation	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME S. THU. Milwood	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT GED Cris fully (Address) Roadey Will	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Successful Date May 13, 1934	Manner of Injury
19. UNDERTAKER 18 & Milsoud, (Address) Banley and	24. Wes disease or Injury In any wey related to occupation of deceased? If so, specify
20. FILED May 12, 1934 Martha a Phillip	(Signed) A H Mitealle M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WH S IN S	15		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenjeritis	1 year
.1			
			<u> </u>

V. S. No. 1 N. B.- state

STATE OF M	ARYLAND-	-CERTIFICATE OF DEATH (152)	00
1. PLACE OF DEATH		122-2	
County Lucen Um	L	Registration Dist. No. 252	
Village or City nr. Centreri	ele		Ward
Length of residence in city or town where death occurr		If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Smarth	10.		
(a) Residence: No.	ac war	St. Ward.	
	al place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED, VORCED (sprice the word)	21. DATE OF DEATH May (Day) (Yea	ar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		12. I HEREBY CERTITY, That I attended deceased	from
6. DATE OF BIRTH (month, day, and year)	et benne	I last smith Linn alive on May 247, 192 death i	is said
7. AGE Years Months Da	ys If LESS than	to have occurred on the date stated above, at // P.m.	o ourg
about 54 us	1 day,hrs.	mare se tollone.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were	mustines Protueles	Onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	m		
10. Date deceased last worked et this occupation (month and year)	Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) July (State or country)	ene Co.	Other Contributory Causes of importance:	
I 13. NAME William h	Dargeres		
14. BIRTHPLACE (city or town). I see	Eune Co.	Name of operation Date of	
(orate or constit)	- 1-	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Clare. 14	nan-	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
[5] 16. BIRTHPLACE (city or town)	mue so.	Accident, suicide, or homicide? Date of Injury, 19	
17. INFORMANT Sucky H. Has	rdy.	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOVAL	rapo,	Manage of Indiana	
Place Souldtown Date	May 29, 1034	Menner of injury	
19. UNDERTAKER B. P. Fellow	or	24. Wes disease or injury in any way related to occupation of deceased?	2
20. FILED 5 / 29 - , 193 4 Manuel	& Bright.	(Signed)	_M. D,
Al .	Local Registrar.	(Address)	

If more blanks are needed, address Staty Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
SURFAL V. S	N.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		(6.3)			0 ~	
L	mis		Registration	on Dist. No.	252	
1	No.				St.,	Ward
		n a hospital or institu				
10\$.	ds. H	low long in U.S. if	of foreign birth?.	yrs.	mos	ds.
	St.,	Move				
-c		Ward.	If nonresid	ent give city	or town and S	iale
		MEDICAL C	ERTIFICA	TE OF D	EATH	
	21. DATE	OF DEATH	2	4		
			nag	20	9	193
_	0		(Monty)	(Dar)	()	(Year)
	22.	HEREB	YCERTI	FY. That	I attended d	eceased from
	IV-	au	193210	4-7	7	19 32
	I last saw h. E	alive on	may	4	1 5	death is said
-		red on the date state	////	4		deetii is said
rs.		AL CAUSE OF DEA		auege of Impo	rtance	
	were as follow	787	all and I clared c	duscs of impo	_	Date of onset
	Ju	lucana	ere, C	In far	culos	A.v.
						f
						78000
				A		as u.
	Other Contrib	utory Causes of imp	ortance:	, -		1
			4	Laura	len	
	Name of oner	ation	~		_ Date of	
		firmed diagnosis?				
		s due to external ca				
		ide, or homicide?		Date of in	jury	, 19
-	Where did inju		(Specify city	or town, cou	inty and State)
- 1	Specify wheth	er injury occurred i	in INDUSTRY, In	HOME, or in	PUBLIC PLA	CE.
4						
1	Manner of inj	ury				
T	Nature of inju	iry				
	24. Was disease	e or injury in any v	way related to ob	cupation of d	eceased?	
	If so, specify		1	0	1	
	(Signed)			0	Try	M. D.
		Address)		0	_// _//	01
	1.				DC-37-4-4	24

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

1. PLACE OF DEATH	OF MARYLAND	-CERTIFICATE OF	DEATH 05202
County Queen as	me	Regi	stration Dist. No. 255
Village or City	Crumpton	NO. If death occurred in a hospital or institution, give sds. How long In U.S. if of foreign	its NAME instead of street and number)
2. FULL NAME Comme (a) Residence: No. Clear	Cyclipte of abode)	letcher St., Ward.	onresident give city or town and State
PERSONAL AND STATIS			CATE OF DEATH
3. SEX 4. COLOR OR RACE Lemale Colorel	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man	1 17 1934
5a. If married, widowed, or divorced	1 descourses	- (Month	(Day) (Year)
HUSBAND of James	albert Fletcher	22 I HEREBY CEI	RTIFY, That I attended deceased from to May 1934
6. DATE OF BIRTH (month, day, and year)	now 9 1868	I last saw her alive on Luce	1937; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above,	
65 6	8 1 day,hrs.	were as follows:	ated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	7/00 2006	Chronie V	Truc
SAWYER, BOOKKEEPER, etc	House more	- Swerill	wouth Egg
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Truste homes		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Pata deceased last worked at this occupation (month and year)	2.9 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pear	Crumpton	Other Contributory Causes of importance:	pra
(State or country)	ange co	surace of	=
13. NAME Wester 14. BIRTHPLACE (city or town)	Kaisen		
		Name of operation	Date of
(Stata of country)	en arme co	What test confirmed diagnosis?	Was there an autopsy? 2
15. MAIDEN NAME Avid	Sanders	23. If death was due to external causes (VIOL	ENCE) fill in also the following:
		Accident, suicide, or homicide?	Date of injury, 19
E (Stata or country) Que	en Cinne	Where did Injury occur?	
17. INFORMANT 6 la W (Address) Millington	Sug Rp#1	Spacify whether injury occurred in INDUSTI	fy city or town, county and State) RY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Placa Dudtown	Data 14 ay 20, 1934	Nature of injury	_
19. UNDERTAKER Sparles Cul	Good	24. Was disease or injury in any way related	to occupation of daceased?
Dr. 0 2//d	from me	If so, specify	e DII
20. FILED NOY 14 , 19 3 7 4	Registrar.	(Signed) (Address)	amplon and
If mo	re blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 7	2 S No.

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Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	9.6	5
County Juan anne	Registration Dist. No.	<i>J</i>
Village or City Near Crumpton	No	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and num sds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Harry Rolls Ho	- 00	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and St	alc
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH May 26 (Month) (Day)	93(Year)
ia. If married, widowad, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended date	ceased from
(vi) wire vi	May 21 21834, to may 26	1934
6. DATE OF BIRTH (month, day, and year) Sept. 9, 1901	I last sawh ew alive on May 2 6 1,1934;	death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date steted above, at 3m.	
32 8 /7 1 day,hrs.	were as followery	Data of annat
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(alles (Alatulince) 3	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data decassad last worked at this occuration (month and		
10. Data decasad last worked at this occupation (month and year)		
Q A T	Other Contributory Canses of Importanca: 1	
12. BIRTHPLACE (city or town) O Mungles (State or country)	Judigestion	
13. NAME William Sho Hazel		
14. BIRTHPLACE (city or town)	Name of operation Data of	
(State or country) Juen ann	What test confirmed diagnosis? Was there are auto	
15. MAIDEN NAME & lizelally Rolph	23. If death was dua to external causes (VIOL ENCE) fill In also the following:	ipsy!
15. MAIDEN NAME Elizelale Rolph 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Deta of injury	19
(Stata or country) Queen anne	Where did injury occur?	
17. INFORMANT William His Hegele (Addrass) million to my R o ++	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury	
Place to hester tour Date May 29, 1934	Neture of Injury	
19. UNDERTAKER Zone Z. Yosk (Address) Change T. Yosk	24. Was disaasa or injury in any way ralated to occupation of dacaased?	
20. FILED May 28, 19. 34 H M Stacle	If so, specify (Signad) I. W. Sally	м Б

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	i i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALIVAR 1992			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

KGIN KESEKVED FOR BINDING	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex-	nstructions on back of certificate.
E. 140. 1	BWRITE PLAINLY, WITH U	mation should be carefully sur	CAUSE OF DEATH in plain t	TION is very important. See instructions on back of certificate.

Exact statement of OGCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	(102,02)
County Ingu Cune	Registration Dist. No. 254
Village or City Tasouncle	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Thamas & Ar	1 don
(a) Residence: No. W. Grannille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OB DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 12 (Day) (Yeer)
HUSBAND of do not know	22. / I HEREBY CERTIFY, That I ettended deceased from
	Jan 1 , 1930, 10 May 12, 1934
6. DATE OF BIRTH (month, day, end year) May 7 - 1855	Hast saw h. Uss. elive on May 12, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at 1.0.0/2 m.
79 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end	All postalic.
Andustry or business in which work was done, as SILK MILL,	Lasalare presmania cuto
SAW MILL, BANK, etc.	Duration two days.
Spont in this 21 -	
year) occupation 70,	Other Coatribatory Causes of Impostance:
12. BIRTHPLACE (city or town) Callunary (State or country)	Transliga Calluna
- Duranga para	Franklike (uses
13. NAME Polliage V. Hagoan 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
	What test confirmed diagnosis?
E TIME TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Ch. A. A. A. Jan	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Saltimore /hd Date / May 1. 1934.	Nature of Injury
19. UNDERTAKER Mrs. Margaret & liferen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Paltition of ma.	If so, specify
20. FILED May 12, 1934 Neller M. aldridge	(Signed) (Address) Meddelstars m. D.
If more blanks are needed address State Registrary	N. Charles Street Belgins B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitatry	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonits	3 days ago
		18 3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH U520	15
1. PLACE OF DEATH		(3)	11)
County Jules and	1L	Registration Dist. No. 237	
Village or City Near Cr	umpton	No	Ward
Length of residence In city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME Sen Ha	rding Himo.	.)	
(a) Residence: No.	d	St Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
Male Colord 5.5	SINGLE, MARRIED, W100WED, OR DIVORCED (write the word)	21. DATE OF DEATH THEY 25, 1937. (Month) (Day) (Yes	۲
5a. If married, widowed, or divorced HUSBANO of	0		
(or) WIFE of		22. I HEREBY CERTIFY. Thet I attended decessed	1 from
6. DATE OF BIRTH (month, dey, and year) Ma	11. 3 - 10.21	Hest saw h an elive on may 25 1934: deeth	ie eaid
7. AGE Years Months	Oeys If LESS than	to have occurred on the dete steted above, et 23 1 m.	3 30 IU
13 2 ;	2 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows	
8. Trade, profession, or perticular	0. 0	Sar Coma) Schen Oate of	onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	men noy	and Jenny of Stepute Dec	123
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	U		
10. Date deceased last worked et this occupetion (month and yeer)	11. Totel time (yeers) spent in this occupetion		
near C	Turn to	Other Coatributory Causes of importence:	
12. BIRTHPLACE (city or town) (Stete or country)	inde		
# 13. NAME GLORAL Him	(4.1)		
13. NAME Searge Thu		Name of operation Dete of	
(State or country)	anne	What test confirmed diegnosis? Wes there an eutopsy?	
# 15. MAIOEN NAME annie &	Isldshorp	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury, 19_	
(Stete or country) Juen	anne	Where did Injury occur?	
17. INFORMANT Starge July (Address) Willing ton M	W R. R # 1	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	200	Manner of injury	
Place Oudlows Oa	te May 28, 1934	Neture of injury	
19. UNDERTAKER Sparks and &	1002	24. Was disease or injury in eny wey related to occupation of deceased?	
(Address) borumpton	mag 1	If so, specify	
20. FILED May 07, 1934 0 fg	1. Sluck	(Signed) (Address) extendition and	_M. D.
	Registrar,	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

-	PLACE OF DEATH	STATE OF MARYLAND
	County Like Unive	CERTIFICATE OF DEATH
	$5 \mathcal{D} \rightarrow 10$	Registration Dist. No. 252
	Village or City Centrevilles	St.: Ward) (If death occurred in a hospital or institution, give lts NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Colored SSINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH Fel. /5 , 1850 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct 1 1935 to May 15 , 1934, that I last saw h walive on May 14 , 1934,
1	7 AGE Strain Mos. Ods. Offices than I day hrs. or min.?	and that death occurred on the date stated above, at
	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
	OF FATHER Chas. H. Kennedy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE COUNTRY	(Signed) Testier M. D. *State the Disease Causing Desth, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER OF MOTHER OF MOTHER (State or Country) (State or Country) OF MOTHER (State or Country) OF MOTHER (State or Country)	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
	(Informant) Reporal. K. Carter	Where was disease contracted, it not at place of dea h? Former or usual residence
	(Address) Primantsivil Ca	Salem DATE OF BURIAL OR REMOVAL DATE OF BURIAL 5-17-, 1934
	Filed May 19 1984 Mamis S. Bright Foral Registras	B. P. Fellows Still (and
1	If more hanks are needed, addre a tath pegistrar	. 16 W. Saratora St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective c state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia. especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemia cerebrospinal meninatisis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	e		
nfor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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ery	NS	ent	
Ew	CIA	em	
RD.	YSI	stal	
00	PH	ct	
RE		Exa	
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KEY	L	fied	
(A)	AC	issi	
RA	×	cla	
PE	dI	rly	cat
V	ate	obe.	rtif
I	st	pr	cel
HIS	be	be	TION is very important. See instructions on back of certificate.
T	plne	nay	ack
NK	sho	it 1	u p
H	GE	hat	1S 0
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AD	ed.	S, S	truc
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STATE C	OF MARYLAND—	CERTIFICATE OF DEATH U5207
1. PLACE OF DEATH		92:0)
County Queen Co	me	Registration Dist. No. 2 3
Village or City Country Length of residence In city or town where		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME QUANIA	an L. Levera	ge-
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife J. L.	everage.	22. FI HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	ct. 13 1861	I last saw h. C. alive on 2009 7 , 192 Y death is sa
7. AGE Years Months	Deys If LESS than 1 dayhrs.	to heve occurred on the date stated above, atm.
72 7	25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	memork	Decuplegia Legit de Mos
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	7.	Other Coutributory Causes of importance:
	Richards	Sold Sold Sold Sold Sold Sold Sold Sold
13. NAME 14. BIRTHPLACE (city or town)	Chierra da	Name of operation Date of Date of
	Le Richards	What test confirmed diegnosis? We was there an autopsy?
15. MAIDEN NAME (marian) 16. BIRTHPLACE (city or town) (State or country)	ind.	Accident, suicide, or homicide3. Dele of injury 19.
17. INFORMANT Canall F. (Address)	Leverage	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Church Hel	P. Date May 1 D, 1934	Manner of injury ACC Nature of injury ACC
19. UNOERTAKER 74. H. G. Address) Chuych A	ned met.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mcey 9, 1934 24.	H. Good Resistrati	(Signed) Do Glade Grand M. (Address) Caully Health Health

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Albert Los				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1.	PLACE OF	DEATH		<u> </u>	C11
	County	(syllen	Clune	Registration Dist. No.	37
	Village or Ci	ty Luce	nstown	ND. St.,	Ward
	Length of resid	dence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and	
2	FULL NAM	me m	Phyladel	(still fint)	
2			a good of	St., Ward.	
	(a) Residenc	se: ND.	(Usual place of abode)	If nonresident give city or town ar	d State
	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	EX ?	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193
a.	If married, widowe	ed, or divorced	Harry Man Copper	(Month) (Day)	(Yaar)
	HUSBAND of (or) WIFE of			22. J HEREBY CERTIFY, That I attande	
			1. woul	, 19, to	
	GE Yaar	month, day, and year)	Days If LESS than	I last saw h aliva on	; death is said
	-		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-1	8. Trade, profes	sion, or particular	ormin.	wera as follows:	Date of onset
5	kind of w	ork dona, as SPINNER, BODKKEEPER, etc		Juli Juli	
Y	9. Industry or b	ousiness in which done, as SILK MILL,			
3	SAW MILI 10. Date decease	L, BANK, etc	11. Total time (years)		
5	this occup	ation (month and	spentin this		
		. Duce	uslawi .	Other Contributory Causes of importance:	
12.	(State or coun		nacy land		
א	13. NAME (learles	mila conff of		
A	14. BIRTHPLACE	(city or town)		Name of operation Date of_	
-	(State or	country)	and .	What test confirmed diagnosis? Was there ar	au'opsy?
1	15. MAIDEN NAM	ME Clizal	relle Munes	23. If death was dua to extarnal causes (VIOLENCE) fill in also the followi	ng:
2	16. BIRTHPLACE (State or		white and	Accident, suicide, or homicide?	, 19
17.	INFORMANT	Charles	melader ffi	(Specify city or town, county and SI Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ale) LACE.
18.	BURIAL, CREMATI	IDN, DR REMOVAL	um = 2 31	Manner of Injury	
	Place Lucu	estoun	Date 0 7-, 1934	Nature of injury.	
19.	UNDERTAKER	None		24. Was disease or injury in any way related to occupation of deceased?	
	(Address)		1 - 5m (7-1 1	If so, specify	
20.	FILED May	29,1934 - 1	elen III. Wednids	(Signed)	M. D.
	/		Kegistrar.	(Address)	

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PUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RGIN	
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County	204		L		Registration Dist. No	252
Village or	City	w	<u>Ua</u>	(16	No. death occurred in a hospital or institution, give its NAME instead of	St., Ward
Length of re	sidence in city or tow	n where death	occurred		dealn occurred in a notification institution, give its INAINE instead of the long in U.S. if of foreign birth?yrs	
2. FULL N	ME 2	mfa	nt !	miller		
(a) Reside	nce: No.		(Usual place	of abode)	St., Ward.	or town and State
PERSO	NAL AND STA	ATISTICA			MEDICAL CERTIFICATE OF D	
3. SEX W	4. COLOR OR RA			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 5 (Month) (Day	, 193 4 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	wed, or divorced				22. I HEREBY CERTIFY, That	I attended deceased from
		lua	. 4	7-1	, 19, to	
	(month, day, and yea	onths	Days	If LESS than	I last saw h alive on to have occurred on the date stated above, atm.	, 19; death is said
			2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important a	
8. Trade, prof	ession, or particular work done, as SPINI	NER.		T OI	Williams.	Date of enset
SAWYE 9 Industry or	R, BOOKKEEPER, etc. business in which				Wante	
work w	as done, as SILK MIL ILL, BANK, etc	L,				
O this occ	sed last worked at upation (month and		11. Total ti sper	ime (years) nt in this upation		
12. BIRTHPLACE ((State or ce		mb_	b		Other Contributory Causes of importance:	
	March	eme	m	u,		
	CE (city or town)	hu	/		Name of operation	Date of
15. MAIOEN N	AME delle	w W	ww	ma	What test confirmed diagnosis? W: 23. If death was due to external causes (VIOLENCE) fill in also t	
-	CE (city or town)	mi	4		Accident, suicide, or homicide? Date of In	
	or country)	-	0.		Where did injury occur?	
17. INFORMANT (Address)	Mary	ne	M		(Specify city or town, cot Specify whether injury occurred in INDUSTRY, in HOME, or In	PUBLIC PLACE.
18. BURIAL, CREMO	TION, OR REMOVAL		ate Mas	5 ,1934	Manner of Injury	
19. UNDERTAKER _ (Address)	Mary Dento	Lown	s G	andmothe	24. Was disease or injury in any way related to occupation of de	
20. FILED Mas		Ma	mis	8. Bright	(Signed). (Address)	M, D.
		If more blank			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

05209

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS	BY	PHYSICIAN
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	TRITE	27 17
No. 1	CAN	OTT
V. S. P	T	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Open Chine	Registration Dist. No. 202
~	No
Length of residence in city or town where death occurred	s. C ds. How long in U.S. If of foreign birth? yrs. mos.
2. FULL NAME IVebrew Ne	wham
(a) Residence: No. Cotocco Rec (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mosth) (Day) (Year
Sa. If married, widowed, or divorced Widowed	(mown) (bay) (16a)
(or) WIFE of Mary Ellen anderson	22. HEREBY CERTIFY, That I ettended deceased
DATE OF BIRTH (month, day, and year) 5/6/1858	
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 0 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or parlicular	Carcinome of Stomach Date of
kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc.	metastasio 16 lever ?
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this	and adjusent organic
10. Date deceased last worked et this occupation (month and spant in this occupation	
12. BIRTHPLACE (cily or town) Corseca Freck	Other Contributory Causes of Importance;
(State or country)	
14. BIRTHPLACE (city or town) Caroline Co	
14. BIRTHPLACE (city or town)	Neme of operation Date of Date
and the state of t	What test confirmed diagnosis? PSP Was there an europsy?
15. MAIDEN NAME Margares Costerios 16. BIRTHPLACE (city or town) Janear Curre Co	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) ma.	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Timothy Rumann (Address) Confice Tack	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place Corsical Neck Dale May 14, 1934	Manner of Injury
9. UNDERTAKER B. R. Fellaws (Address) Still Pond	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 5/14/, 1934 Mamie & Bright.	(Signed) Aarolle (Address) Centreville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RECEIVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
BUREAU VAS	۶		

state

· STATE OF MARYLAND-	CERTIFICATE OF DEATH 05211
1. PLACE OF DEATH	(3)
County Luce aline	Registration Dist. No. 252
Village pr City	No. St Ward
i, lo'	death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurredyrsmos	14 4
2. FULL NAME Isasha Newna	M odw
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Undown	21. DATE OF DEATH May 29 - , 193 34 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Butther Gasseway 1867	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Week 16-1434	I last saw h. aliva on, 1934; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred in the date stated above, at
67 2 /6 or min.	The PRINCIPAL CAUSE OF DEATII and related causes of importance in Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Chinic Rephetes
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Seem lune Co. (State or country)	Dther Contributory Causes of importance;
13. NAME HOA IS THE MANUEL	
13. NAME ALO MST REMOVED 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME 40. 20 7 Post of 1	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Esaile Newnam	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Correa Melbate June 1-1934	Nature of injury
19. UNDERTAKER B. P. Fellows	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 29 1934 Thamis & Bright	If so, specify (Signed) M. D.

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RECEIVED			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones -	May 1,1923	Gastroenteritis	1 year

	infor-
	of
1)	item
	Every
	RECORD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
J.R	4
F	IS
SERVED	INK-THIS
ARGIN RESERVED FOR BINDING	UNFADING
	WITH
	PLAINLY,
. No. 1	B.—WRITE
, N	ż
>	Z

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05212
1. PLACE OF DEATH County Queue Queel	Registration Dist. No. 4.5-0
	Nogistration Dist. No.
	MoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth ol residence in city or town where death occurredyrs,mo	sds. How long in U.S. il ol loreign birth?yrsmosds
2. FULL NAME fruis Elizafile	heller
(a) Residence: No.	St., Ward,
(Uadai piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 7. mg f	21. DATE OF DEATH Way (Month) (Day) (West)
5a. il merried, widowed, or divorced HUSBAND ol	
(or) WIFE 01	22. HEREBY CERTIFY. That I ettended deceased from
0. 0 20 104	- 1927, to Mg 3, 1934
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Devs if LESS then	7507
7. AGE Yeers Months Deys if LESS then 1 day,hrs.	to heve occurred on the dete steted ebove, at
7 ormin.	were as lollows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Pokal Child	The Land
Solver, Bookseper, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWHILL, BANK, etc. 10. Dete deceesed jest worked et this coveration (work) this coveration (month and coveration to the coveration to the coveration (work) 11. Total tima (yeers)	Jutualy Winnipstet
10. Dete deceased lest worked et this occupetion (month end pyear)	J
Rad	Other Cantributery Causes of importance:
12. BIRTHPLACE (city or town) 2 90 d cut	
13. NAME LE Penter Phillips	
13. NAME W / Peny by / Phellips 14. BIRTHPLAGE (city or town) Bandy	Neme of operation Dete ol
(State or country) Q Q The well	What test confirmed diegnosis? Part of Fluis Nes there an autopsy? 10
15. MAIDEN NAME Quina Real Collies	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) In Endfirstly	Accident, suicide, or homicide?
E (State or country) QQQ visu	Where did injury occur?
17. INFORMANT W Pan All Phillips	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Pleasant Date May 5, 1934	Nature ol injury
19. UNDERTAKER Howard & Milson (Addiess) Baril and mil	24. Was disease or injury in eny wey releted to occupation of deceased?
(Auditss) Januay Mil	If so, specily
LO. FILED May 4, 1934 M. R. Schillips	(Signed) LY Muccelle M. D
Local Registrar.	(Address) And Will Mcf.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. See instructions on back of certificate.

1. PLACE OF PEATH County July Quice	Registration Dist. No. 254
Village or City Brasonvelle	No. St. Ward
(10)	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
0.0 4 .000	as. How long in 0.5, if of foreign birth?
2. FULL NAME John Renacth Rto	The same of the sa
(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Nole 4. COLOR OB, RACE OR DIVERCED (write the word)	21. DATE OF DEATH Day (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. MI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 25-1933 7. AGE Years Months Days If LESS than	I last saw ham alive on May 1, 193 T; death is said to have occurred on the date stated above, 200 5 m.
18 19 1 day,hrs, ormin.	to have occurred on the date stated above, andm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Topar Frummun 5/13
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and	
O 10. Data daceasad last worked at 11. Total time (years) Spent in this year) occupation	
12. BIRTHPLACE (city or town) Grasswelle (State or country)	Other Contributory Causes of Importance:
13. NAME Rese Rhodes 14. BIRTHPLACE (city or town) (State or country) New New New New New New New Ne	Name of operation Data of Was there an autopsy? 2
15. MAIDEN NAME Bulak Flarweg	23. If death was due to external causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mr Reese Photos (Address) grassauce WO	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Centreordee Date May 16, 1934	Manner of injury
19. UNDERTAKER Barton Bras (Address) Centreoree Md	24. Was disease or injury in any say related to occupation of deceased?
20. FILED May 16, 1934 - Helen M. Oldridge	(Signed) Annu File M. D. (Address) Manshawn

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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į.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARY	LAND-	CERTIFICATE OF DEATH
County Agen Acuse		82-0)
Ma 10hart tai	1011	Registration Dist. No.
Village or City Con Kentro Con	CII (II	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	_yrsmos	// .
2. FULL NAME / OUM HOLO	orde	leu/
(a) Residence; Noll form Cokoo	correct,	Post, Alk Ward.
(Usual place of a		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR SEX 4. COLOR OF RACE 5. SINGLE, MARRIE		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE 9R DIVORCED (D, WIDOWED,	21. DATE OF DEATH MAGA 9
mod voneme serge	2	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. LHEREBY CERTIFY, Thet I attanded deceased from
(or) with strate		Men 1 1034 10 May 9 18
6. DATE OF BIRTH (month, day, and yas) 109 9.		I last sewhill alive on Mugg 1 19 death is sai
7. AGE Years Months Days	If LESS than	to heve occurred on the date stated above, at 1.30 fm.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
R Trade profession or particular		Clebral NONOTYKESE Date of onse
kind of work dona, as SPINNER, bolice SAWYER, BOOKKEEPER, etc.	0	11 L LI IN Mara
9. Industry or businass in which work wes done, es SILK MILL # Call	inal	1 0 0 0 1 1 3
	(years)	
O 10. Deta decaased last worked at this occupation (month and year)	this dion	
12 PIRTURI ACT (sibury Anna)	0	Other Contributery Causes of importance
12. BIRTHPLACE (city or town) (State or country)	El	W Wester Commence
13. NAME ANA RITER	-2-	5
13. NAME 14. BIRTHPLACE (city or town)	10	Name of operation
(Stata or country) Old Mollell	6	Welling to
IS. MAIDEN NAME Alle Lege-		What test confirmed diagnosis? Was there an autopsyllar 23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME ALLE ALLE ALLE ALLE ALLE ALLE ALLE A	9	Accident, suicide, or homiodes LO
E (State of county) Coll Nollis Co	del	Where did injury occur? Usu
17. INFORMANT	nly	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Clattate	1 - Taken	leville
18. BURIAL, CREMATION, OR REMOVAL AND S.	Med	Mannar of injury 4000
Place Contraville Mol. Date Mosty	1934	Neture of Injury UDIU
19. UNDERTAKER V. H. LOVE		24. Wes disease or injury in any way related to occupation of daceased
(Address) Church Hill And	2.	If so, speeding NO
20. FILED MOUY 10, 19 3 4 Mr. A. G.	nd	(Signed) Colon & Deelle 7 M.
1	Registrar.	(Adplass) William Nell My
If more blanks are needed, addre	ess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	Lugar
Galistones	May 1,1923	Gastroenterius	1 ye

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Y	AS.	it	no
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	-4	80	icti
WRITE PLAINLY, WITH UNFADING INK-THIS IS A	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper	TION is very important. See instructions on back of certifica
TH	lly su	lain	See
\rightarrow	refu	in	ant.
į,	caı	TH	ort
Z	be	EA	imi
PLA	plno	F D	very
9	S	E	18
-WRI	mation	CAUS	MOIL
1			

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0.4 7
1. PLACE OF DEATH	940 05	210
County Queen lune	Registration Dist. No. 25	3
Village or City Stevensvelly	NoSt.,	Ward
Length of residence in city or town where death occurred 11-yrs 6-mos	death occurred in a horpital or institution, give its NAME instead of street and r	
2. FULL NAME Wilson Battle Tiple	n. Ar.	
(a) Residence: No. Aleveanciela	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Mogh) (Bay)	, 193(Year)
5a. If married, widowod, or divorced HUSBAND of	22, JHEREBY CERTIFY, Malagended	deceased from
Convier of Mega Jarvell Illey	april 10 1934, 10 Mell 18	19 3
6. DATE OF BIRTH (month, day, and year) (Oct 6 - /%)	I last saw h res alive on May 18 1934	death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 100 m.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
Kind of work done, as SPINNER, Returned SAWYER, BOOKKEFPER, etc.	aneros derosis	1925
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Sclerous coronary alens	1932
10. Date deceased last worked at this occupation (month and year)	augin'a pessono	1932
12. BIRTHPLACE (city or town) Nead Extell	Other Contributory Causes of importance:	
(State or country) North Chrolina		
13. NAME William Heavy Tilley 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIDEN NAME May Battle	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
24	Where did injury occur? (Specify city or town, county and State	.)
(Address) hypa Tille Sevens	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18 SYRIAL, CREMATION, OR REMOVAL IT III THE	Manner of Injury	
Lo Elleril Questing Date / Ulf d. 0, 19 5 +	Nature of Injury	
19. UNDERTAKER J. C. Thomas (Address)	24. Was disease or Injury in eny way related to occupation of deceased?	
he of a both	(Signed) Woodey Satt Verence	
20. FILED May 8 , 1934 F. C. Showas Registrar.	(Address) Skours nell, m	₩. D.
The state of the s		

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MARKUM			
Other contributory causes of importance:		Other contributory causes of importance:	- NOT
Gallstones	May 1,1923	Gastroenteritis	1 year

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